

Effective Date: October 10, 2012

CRITERIA FOR PRIOR AUTHORIZATION

Gilenya® (fingolimod)

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug(s) require prior authorization:

Gilenya® (fingolimod)

CRITERIA: (must meet all of the following)

- Diagnosis for multiple sclerosis (340.00).
- Age \geq 18.
- Prescribed by or in consultation with a neurologist.
- Absence of concurrent therapy with another disease-modifying MS agent: an interferon, natalizumab, mitoxantrone, or glatiramer.
- Absence of myocardial infarction in past 6 months, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, and class III/IV heart failure.
- Absence of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome (unless a pacemaker is being used)
- Baseline QTC interval <500 ms
- Absence of therapy with Class Ia or Class III anti-arrhythmic medications in the past 45 days
- Does not exceed the following quantity limits:
 - One capsule per day.

Prior authorizations will be approved for 1 year.